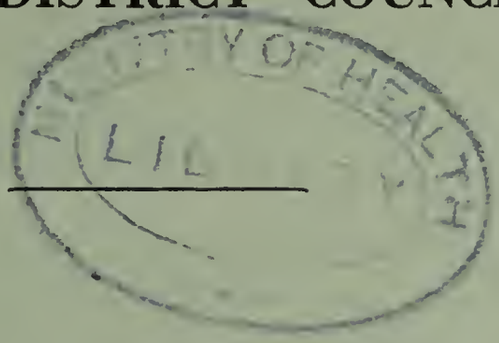
WATH-UPON-DEARNE
URBAN DISTRICT COUNCIL



ANNUAL REPORTS

OF THE

MEDICAL OFFICER OF HEALTH

AND THE

SANITARY INSPECTOR

FOR

1952

Farthings (Printers) Ltd., Wath-on-Dearne

WATH-UPON-DEARNE URBAN DISTRICT COUNCIL

MEMBERS 1952

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Vice-Chairman :

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Councillors :

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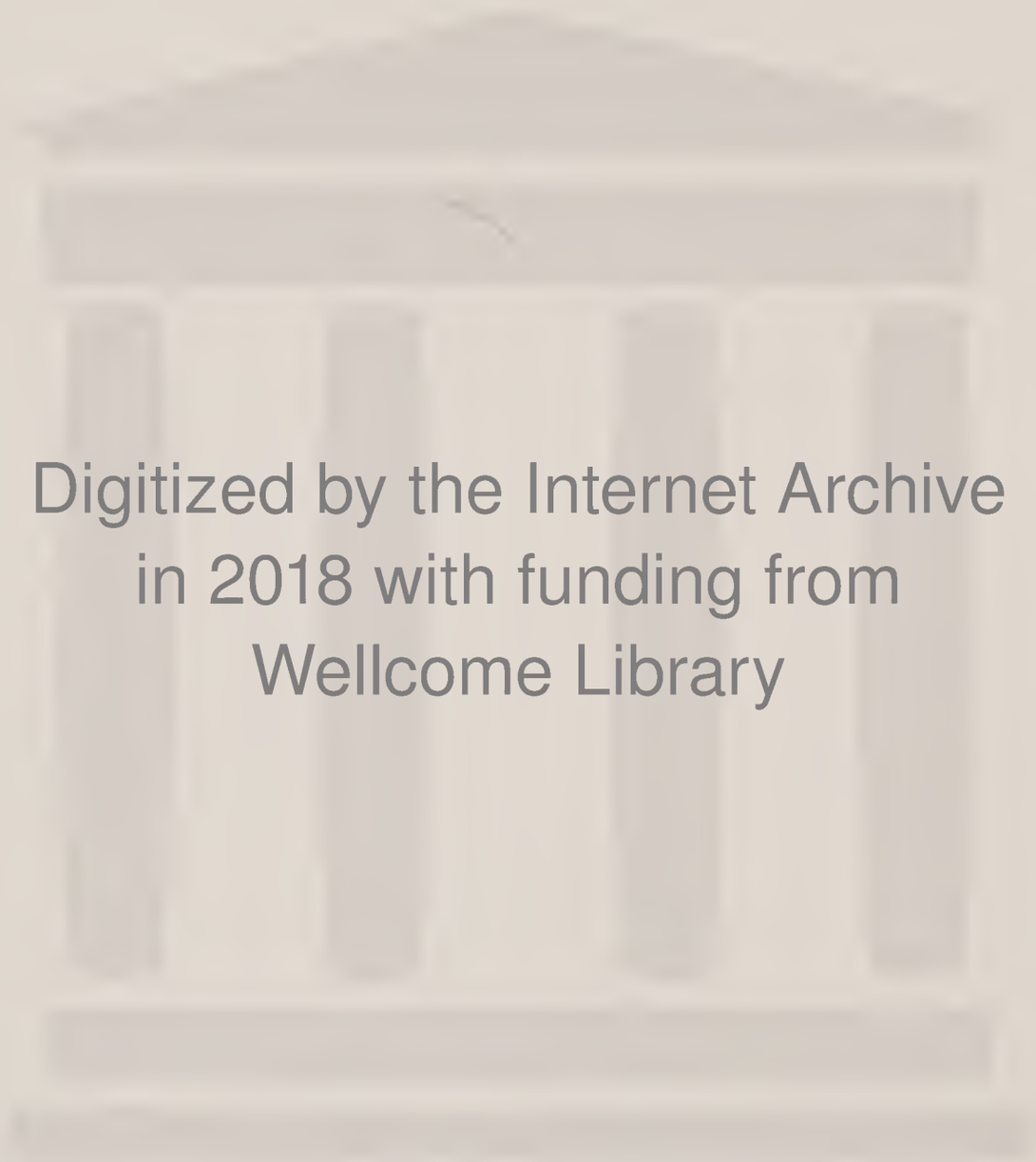
A. BEATTIE

Medical Officer of Health :

D. J. CUSITER, M.B., Ch.B., D.P.H., D.T.M. & H.

Sanitary Inspector :

W. W. WILKINSON, M.S.I.A., Cert. S.I.B.



WATH-UPON-DEARNE URBAN DISTRICT COUNCIL

Annual Report of the Medical Officer of Health

for the Year 1952.

Public Health Department,
Dunford House,
Doncaster Road,
Wath-upon-Dearne.

To the Chairman and Members of the
Wath-upon-Dearne Urban District Council.

Madam, Ladies and Gentlemen,

I have the honour to present to you the Annual Report on the health of the district for the year ending 31st December, 1952.

The general health of the district was good and there was a low rate of major infectious disease, with the exception of a small outbreak of Scarlet Fever which began at the end of the year and continued into 1953.

There were only two infant deaths, giving an Infant Mortality rate of 7 per 1,000, the lowest rate ever recorded in Wath-upon-Dearne. The corresponding rate for England and Wales being 27.6 per 1,000. There were 31 more births than in the previous year; the adjusted birth rate being 19.5 per 1,000 of the population as against 15.3 for England and Wales.

Satisfactory progress continues in the provision of new homes for the residents of the district. In this connection many requests for rehousing are coming from people in seriously sub-standard houses whose structural condition is becoming much worse year by year. A list of approximately 250 such houses was drawn up and presented to the Council. It was unfortunately not possible to make appreciable progress in the clearance of such property.

A start was made with the teaching of mothercraft in two of the schools in the area. This opens a productive field in health education. I would like to see more time devoted to the inspection of food shops and canteens but this has not been possible owing to the prior claim of other work, mainly the investigation of housing defects.

In the course of the year Nurse C. Lascelles retired having completed over 30 years service as a Health Visitor. She was the second Health Visitor to be appointed in the area and has seen great changes for the better in the health and housing of the district.

I thank the members of the Council for their support of all our attempts to make the district a cleaner and healthier one. I would also like to thank all the officials of the Council and Mr. Wilkinson, the Sanitary Inspector, for their willing co-operation.

I remain,

Your obedient Servant,

D. J. CUSITER,

Medical Officer of Health.

NATURAL AND SOCIAL CONDITIONS OF WATH-UPON-DEARNE URBAN DISTRICT.

Area (in acres)	2,665
Population (Census 1931)	13,665
Registrar General's Estimate of Resident Population mid 1952	13,910
Natural Increase of Population in 1952	122
Number of Inhabited Houses (census 1931)	3,375
Number of Inhabited Houses (31st December, 1952) ..	4,372
Nett Product of a Penny Rate	£206/13/6
Rateable Value	£56,770
Height above Sea Level..	70—325 ft.
Rainfall for Year	18.97″

The major industry of the area is coal mining and the majority of our male workers are employed either in the collieries or in associated industries such as coke manufacture, bye-products from coal and the transport of the raw coal and bye-products by British Railways. An extensive addition to the coke ovens is being constructed. The smaller industries include the manufacture of glass, cutlery, a brewery, the making up of cotton goods and agriculture. It is an unfortunate fact that there is a surplus of female labour and the young women of the district have, in many instances, to travel long distances to work; buses regularly leave the district carrying young women, some of them only 16, 17 or 18 years of age, to the mills further north in the West Riding. With travelling time these girls are away an average of twelve hours, and in some cases 13 hours a day for a five day week. No one can suggest that this can improve their health. Unfortunately whilst the Council have given every encouragement to attract industry employing female labour to the area very few firms have shown any interest.

COMPARATIVE VITAL STATISTICS FOR 1952.

	1952	1951	1952 Eng. & Wales
Live Birth rate per 1,000 population:			
Crude	18.4	16.3	—
Adjusted	19.5	17.28	15.3
Stillbirth rate per 1,000 population..	0.22	0.43	0.35
Death rate per 1,000 population:			
Crude	9.63	12.03	—
Adjusted	10.4	12.99	11.3
Infant Mortality rate per 1,000 live births	7.81	22.22	27.6
Neo-Natal death rate per 1,000 live births	3.91	17.77	—
Maternal Mortality rate per 1,000 births	Nil	4.33	0.72

VITAL STATISTICS FOR 1952 IN DETAIL.

	Males.	Females.	Total.
Live Births: Legitimate	126	122	248
Illegitimate	4	4	8
Total Live Births			256
Stillbirths: Legitimate	2	1	3
Illegitimate	—	—	—
Deaths of Infants under one year:			
Legitimate	1	1	2
Illegitimate	—	—	—
Deaths (all ages)	69	65	134

Stillbirths.

Rate per 1,000 births (live and still)	11.58
Comparability factors: Births	1.06
Deaths	1.08

Deaths from Puerperal Causes.

	Deaths.	Death rate per 1,000 births (live and still)
Puerperal and Post-abortive sepsis ..	Nil	—
Other maternal causes	Nil	—

Death rate of Infants under 1 year of age.

All infants per 1,000 live births	7.81
Legitimate infants per 1,000 legitimate births	8.07
Illegitimate infants per 1,000 illegitimate births	nil
Neo-Natal death rate	3.91

Causes of Death in 1952.

		Males.	Females
1.	Tuberculosis (Respiratory)	—	—
2.	Tuberculosis (Other)	—	—
3.	Syphilitic disease	—	—
4.	Diphtheria	—	—
5.	Whooping Cough	—	—
6.	Meningococcal infections	—	—
7.	Acute Poliomyelitis	—	—
8.	Measles	—	—
9.	Other infective and parasitic diseases	1	1
10.	Cancer of Stomach	2	3
11.	Cancer of Lungs or Bronchus	—	—
12.	Cancer of Breast	—	2
13.	Cancer of Uterus	—	1
14.	Other cancer or lymphatic cancer	6	5
15.	Leukaemia or aleukaemia	—	—
16.	Diabetes	—	—
17.	Vascular lesions of the nervous system	8	9
18.	Coronary disease or Angina	10	9
19.	Hypertension with heart disease	3	1
20.	Other heart disease	17	19
21.	Other circulatory disease	1	2
22.	Influenza	—	—
23.	Pneumonia	4	3
24.	Bronchitis	2	3
25.	Other diseases of the respiratory system	—	—
26.	Ulcer of the stomach and duodenum	2	—
27.	Gastritis, Enteritis or Diarrhoea	—	—
28.	Nephritis or Nephrosis	—	1
29.	Enlarged prostate	2	—
30.	Pregnancy, childbirth or abortion	—	—
31.	Congenital malformation	—	—
32.	Other defined or ill-defined diseases	9	4
33.	Motor vehicle accidents	1	1
34.	All other accidents	1	1
35.	Suicide	—	—
36.	Homicide or operations of war	—	—
	Totals	69	65

The number of births was higher than in the previous year, 256 compared with 225; this is the same number of births as in 1939. I am pleased to report that there was no maternal death. There were no deaths of illegitimate infants; the number of illegitimate infants born was eight, one less than in the previous year. Total deaths of all ages show a reduction of 32 on last year's figures, giving an adjusted death rate of 10.4 per 1,000 population. There were only two infant deaths; this is a great reduction from the figures for 1948 and 1949 which were 17 and 15 infant deaths respectively. The main causes of death are

Coronary disease, other heart disease, strokes and Cancer. These are diseases by and large of an aging population and there is of course a greater proportion of people reaching the age when these diseases are common than ever before.

Deaths of Infants under one year of age, 1952.

Cause of Death.	*Age.*	*Died at*
Broncho Pneumonia	1 month	Hospital
Broncho Pneumonia and Congenital Meningo Myelocele	1 week	Hospital

The remarkable reduction in infant deaths in the district is a good sign. Little children readily succumb to Broncho pneumonia and there is no doubt that many more of them could be saved if the parents would only call the family doctors in time. In a tiny infant a head cold can readily proceed to Broncho pneumonia and delay in getting medical assistance and having the child removed to hospital can mean all the difference between a live child and a dead child. One of the infant deaths was associated with congenital abnormality.

Infant Deaths in Wath.

1948	1949	1950	1951	1952
17	15	4	5	2

The Infant Death rate is often used as a measure of the general health of a district, in this respect, as the above figures show, there has been a great improvement in infant care in the last few years. That such low rates are being obtained in an industrial area indicates that our health services and social circumstances are in a healthy state. Efficient care of a child begins early in the ante-natal period and it is in the interests of every mother who is being confined at home to see that she books her midwife early so that by the time her confinement is due the midwife has had ample opportunity to carry out the necessary ante-natal care which she is obliged to do if she is carrying out the rules of the Midwives Board. In cases where this supervision is most urgently required it is not uncommon to find that they are booked very late in pregnancy, in some cases too late for effective ante-natal supervision to be carried out.

Section B.

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA.

Hospital Services.

Wath-upon-Dearne is in the Sheffield Regional Hospital Board area. Rotherham and Mexborough Hospital Management Committee provide services in the area.

General Hospitals are:

(*a*) Moorgate General Hospital, Rotherham.
(*b*) Doncaster Gate Hospital, Rotherham.
(*c*) Montagu Hospital, Mexborough.

In Special Cases patients may be referred to hospitals outside the area, e.g. Sheffield.

Geriatric Hospital,

Badsley Moor Lane, Rotherham.

A unit has been established here for the rehabilitation of aged sick. Admission to this hospital is invariably through Moorgate General Hospital where the selection of suitable cases is made. This unit is doing invaluable work for the aged sick.

Infectious Diseases.

Cases of minor infectious diseases are now admitted to Kendray Isolation Hospital, Barnsley; cases of Poliomyelitis and Smallpox are admitted to Lodgemoor Hospital, Sheffield.

Maternity Hospitals.

The following hospitals cater for midwifery in cases where hospital care is considered desirable:

(*a*) Montagu Hospital, Mexborough.
(*b*) Moorgate General Hospital, Rotherham.
(*c*) Listerdale Maternity Home, Rotherham Rural District.
(*d*) Hallamshire Maternity Home, Chapeltown.

The Jessop Hospital, Sheffield, admits special cases.

Mental Hospitals.

Cases of mental illness are sometimes accommodated for observation at Moorgate General Hospital. The Middlewood Hospital, Sheffield, admits the majority of our cases for treatment.

Tuberculosis Sanatoria.

Patients are admitted to sanatoria by arrangement with Dr. F. C. N. Holden, Chest Clinic, Exchange Buildings, Market Street, Mexborough. Wath Wood Hospital was opened as a Tuberculosis sanatorium on the 1st January, 1952. 104 beds are provided for tubercular patients, of which 65 are allocated to patients from the Barnsley area and the remaining 39 to patients from South Yorkshire. There is no appreciable delay in the admission of tubercular patients to hospital.

Children's Hospital—Special Cases.

Sick Children's Hospital, Western Bank, Sheffield.

Venereal Diseases.

Diagnosis and treatment is carried out at the special treatment centre, Queens Road, Barnsley, or at 12 Frederick Street, Rotherham, or at centres elsewhere. There is absolute freedom in the choice of centre and treatment is confidential. A Social Worker assists in tracing contacts. The incidence of Venereal Diseases is negligible. In the course of the year posters have been distributed for display in all factories in the area, with the addresses of the local treatment centres superimposed.

Ambulance Service.

The division is covered by the County Ambulance Service operating from a depot at Dunford House. The service is under the control of a separate department and the Superintendent is Mr. F. Hyde. Considering the vast number of patients carried in a year, in my opinion

the service given is efficient. Patients sometimes express surprise when going to or coming from hospital, that they are asked to share an ambulance with other cases. If this practice was not universally adopted throughout the country, it would need an enormous increase in the number of ambulances required for out-patients alone; and these ambulances would stand empty for the remainder of the day. Accidents and emergencies are of course in a different category altogether and for these an ambulance turns out at once. Considerable alterations in the layout of the depot are planned and when these are completed it should be one of the finest depots in the south of Yorkshire. A wide range of first-aid equipment is carried in each vehicle and a smaller range in the vehicles for sitting cases. Full scale equipment includes sterilised wound and burn dressings, roller bandages, triangular bandages, splints of assorted sizes, maternity outfits, dressing bowls, scissors, forceps, safety pins, disinfectant, bedpans, urinals, resuscitation apparatus for asphyxiated cases, sal-volatile and tourniquets. All drivers and attendants are trained in first aid and a proportion of them also hold a St. John's Ambulance Certificate in Home Nursing.

Laboratory Service.

The Public Health Laboratory, Wakefield, carries out bacteriological examination of specimens. The advice of the director, Dr. H. T. Findlay, is freely available to Divisional Medical Officers on problems of control of infectious disease from the laboratory viewpoint. In addition the bacteriological purity of water, milk, ice cream, foodstuffs, etc., can be estimated in the laboratory. Another most valuable service in an industrial area is the determination of the amount of haemoglobin in the blood of expectant mothers attending our ante-natal clinics. Where the mothers are receiving an inadequate diet, particularly in iron, this haemoglobin level will be low and steps can be taken to raise it before the baby is born. Grouping of blood for blood transfusion is carried out on all mothers attending our ante-natal clinics by the Regional Blood Transfusion Centre, Sheffield.

Notification of Infectious Diseases.

Ward.	Measles.	Whoop. Cough.	Scarlet Fever.	Polio-myelitis.	Food Pois.	Pneu-monia.	Puer. Pyrex.	Totals.
Wharncliffe	5	3	5	–	–	1	–	14
Melton ..	22	2	2	1	–	–	–	27
Winterwell	13	2	–	–	–	–	1	16
Central ..	30	7	7*	1	–	–	1	46
East ..	1	2	3	–	1	–	1	8
Totals ..	71	16	17*	2	1	1	3	111

* 1 Confirmed later as not Scarlet Fever.

Diphtheria.

Diphtheria is now becoming a rare disease and some of our younger mothers and in fact some of the recently qualified doctors have not had the bitter experience of this disease that their parents have had.

Diphtheria is still of course a killing disease and the only sure means of preventing it is by immunisation before the child is a year old followed by a booster dose at school entry and on transfer to secondary school.

Poliomyelitis.

Only two cases were notified; in one case recovery was complete and in the other case there was partial paralysis of the arm muscles which should respond favourably to treatment.

Measles.

There was a small outbreak in the course of the year the disease being of a very mild nature. Modern drugs have robbed Measles of one of its most dangerous complications, i.e. Broncho Pneumonia.

Scarlet Fever.

There was a sudden, small, localised outbreak of the disease associated with one of the infant schools. Investigation suggested that immediately before Christmas some child who was incubating the disease had attended a party at the school. The great majority of the cases were mild in nature; the affected schools were visited and suspects were excluded, after throat swabs had been taken. In some cases elder children attending the school did not develop the disease whilst younger brothers and sisters at home did. In some other cases one or other of the parents developed a sore throat and a few days later younger children in the house developed Scarlet Fever suggesting that there was a wide spread of the streptococcus in the district at the time and that only those susceptible, usually young children up to the age of seven, were developing Scarlet Fever, others merely had a sore throat.

Whooping Cough.

There were only 10 cases of Whooping Cough. In January of the year the County Council adopted a scheme of Whooping Cough immunisation. This is offered to children up to the fourth birthday. Immunisation should be begun early after the child has reached the age of three months. Children below the age of six months are often attacked by Whooping Cough and about half of the fatal cases of this disease occur in the first year of life so that Whooping Cough immunisation should be completed at the very earliest opportunity after the third month.

Tuberculosis.

Number on Register at 31st December, 1952:

	Males.	Females.	Total.
Pulmonary	26	18	44
Non-Pulmonary	7	7	14
Totals ..	33	25	58

Number removed from Register during 1952:

	Pulmonary.		Non-Pulmonary.		
	Males.	Females.	Males.	Females.	Total.
Deaths	—	—	—	—	—
Others (Cured, re-diagnosed, Transfers, etc.)	—	1	2	—	3
Totals ..	—	1	2	—	3

Additions to Register during 1952:

	Pulmonary.		Non-Pulmonary.		
	Males.	Females.	Males.	Females.	Total.
New notifications ..	3	4	1	—	8
Others (Restored, Transfers in, etc.)	1	1	—	—	2
Totals ..	4	5	1	—	10

New Notifications—Pulmonary.

Age Groups.	Males.	Females.
0— 5 years	—	—
5—15 „	2	—
15—25 „	—	3
25—35 „	—	1
35—45 „	—	—
45—55 „	1	—
Totals	3	4

Number of contacts given B.C.G. Vaccine = 5.

Tuberculosis Death Rate.

1952 Wath	1951 Wath	1952 England & Wales.
Nil	0.22	0.24

Tuberculosis.

Tuberculosis remains the outstanding chronic infectious disease of major importance that has yet to be overcome. The Death rate from Tuberculosis is falling owing to modern methods of treatment and in fact we had no death from Tuberculosis during 1952; but this does not mean that the problem is at an end, it means that the people with the disease are living longer and if they are sputum positive they have a greater opportunity of infecting more people unless they have been adequately trained in the measures essential for preventing the infection of others. Close co-operation is maintained with the Chest Physician

of the Regional Hospital Board and Nurse D. B. Dodds, the Tuberculosis Health Visitor, carries out valuable work in liaison between the patient, the Medical Officer of Health and the Chest Physician. I would like to thank you as a Council for the ready support you have given to all my recommendations for rehousing of active cases of Pulmonary Tuberculosis. As far as has been possible we have done our utmost to rehouse these cases on the higher land where the atmospheric pollution is less. Patients now spend much less time in sanatoria and when they do go there it is for operative treatment, often of a very extensive nature or else for preparation before the operative treatment is possible. Many cases are now treated at home and in this respect separate sleeping accommodation is essential; bedding and beds, where they are necessary for isolation purposes can be supplied, on loan, by the West Riding County Council. Extra milk may also be supplied free of charge to active cases; wax proofed sputum cups with a lid are available free, from Dunford House. These are destroyed by burning in the fire and thus the question of sterilisation of the container does not arise. In the School Health Service we are now making extensive use of jelly testing, particularly in children who suffer from chest complaints such as Bronchitis and also in young children who are contacts. A little jelly is applied on the surface of the skin, covered over with a plaster and examined several days later; if there are blisters on the skin it means that the patient has been exposed to Tuberculosis, it does not mean that they have active tuberculosis. If the tests are positive it is wise to have the child thoroughly examined and perhaps X-rayed. In the near future, with the parent's consent, we hope to start skin testing all school entrants.

The future successful control of Tuberculosis lies in the early diagnosis of the disease and consequent early treatment and it is for this reason that the X-ray of all chronic bronchitics is important because they may suffer from the fibroid type of the disease; this type of disease, owing to the fact that it may be overlooked, is a potent cause of infection in close contacts.

Section 47, National Assistance Act, 1948.

A patient who was removed under this Act at the end of 1951 has voluntarily remained in hospital and is making good progress towards recovery.

Sanitary Circumstances of the Area and Housing.

Extensions to existing sewers have been made where necessary in connection with the new housing estates.

Water Supply.

An adequate water supply is obtained from bore holes within the area of the Urban District. Several samples are taken every month for bacteriological analysis and all have been of the highest standard. Quarterly samples are taken for chemical and mineral content both

before and after treatment; all iron and manganese is removed before the water is pumped into the mains. A number of mains in the East Ward were scraped in the course of the year thereby increasing the pressure in the service. Similarly the main from the bore holes is treated as occasion arises. The Council also supplied considerable quantities of treated water to Swinton Urban District. I would like to thank the Water Engineer for his ready co-operation with the Public Health Department.

Housing.

Continued satisfactory progress is being made in the erection of new houses and plans are in hand for a steady, continued expansion. Eighty houses of a permanent type were built for the Local Authority and 12 for private owners, making a total of 92 erected and completed in the course of the year. 17 cases of overcrowding were relieved during the year. There is still a great demand for council houses but the housing needs of the present applicants are not nearly so grave as those of 4 or 5 years ago. Many of the applications are coming from people living in seriously sub-standard houses of which there are approximately 264 in the district. Quite a number of these houses were due for demolition before the war but no action has yet been taken to implement this. Other people apply because they want running hot water, indoor flushing lavatories and bathrooms, amenities every person in this country should be entitled to as a right. Unfortunately the present legislation for providing such amenities in existing houses is not sufficiently attractive to the owners of the property and the few conversions that have been carried out have taken place in owner-occupied houses. There is room for improved legislation in this respect.

Smoke Abatement.

Industrial areas are smoky and dirty mainly on account of the continued pollution of the atmosphere by the factories and industries situated within the boundaries. To a lesser extent the pollution comes from the homes of the people. In the course of the year both the Coal Board and a local factory were approached in an attempt to cut down excessive pollution which had been observed. In one instance a mechanical stoker has been installed which has served to diminish the pollution. Atmospheric pollution is a grave danger to health; probably the main cause of chronic bronchitis and certainly it does a great deal of damage to the fabric of buildings and to agricultural land. With the gradual electrification of the railway from Wath to Manchester one source of pollution will soon be a thing of the past. There is also an electrification scheme on foot for the collieries in the area but we have still the pollution from the coke ovens at the two collieries to contend with and at one of these the coke ovens are being extended. A great deal can be done towards eradicating the nuisance by the employment of efficient plant and efficient stoking methods. If we are to maintain our health it is as necessary for the population to have clean air to breathe as it is to have good food and clean water to eat and drink.

PERSONAL HEALTH SERVICES—DIVISION 26.

(Wath, Rawmarsh and Swinton Urban Districts.)

Summary of Vital Statistics for 1951 and 1952 for Division 26.

	1952	1951
Area of Division	7,990	acres
Estimated Population	44,760	
Birth Rate (per 1,000 estimated population)	17.45	17.0
Death Rates (per 1,000 estimated population):		
All causes	10.21	11.9
Cancer	1.54	1.33
Heart and Circulatory	3.84	4.48
Infective and Parasitic Diseases, excluding T.B.	0.11	0.05
Respiratory Diseases	1.41	1.60
Respiratory Tuberculosis	0.05	0.29
Other Tuberculosis	0.02	0.09
All Tuberculosis	0.07	0.38
Maternal Mortality	Nil	1.30
Infant Mortality (Rate per 1,000 live births) ...	24.33	31.7

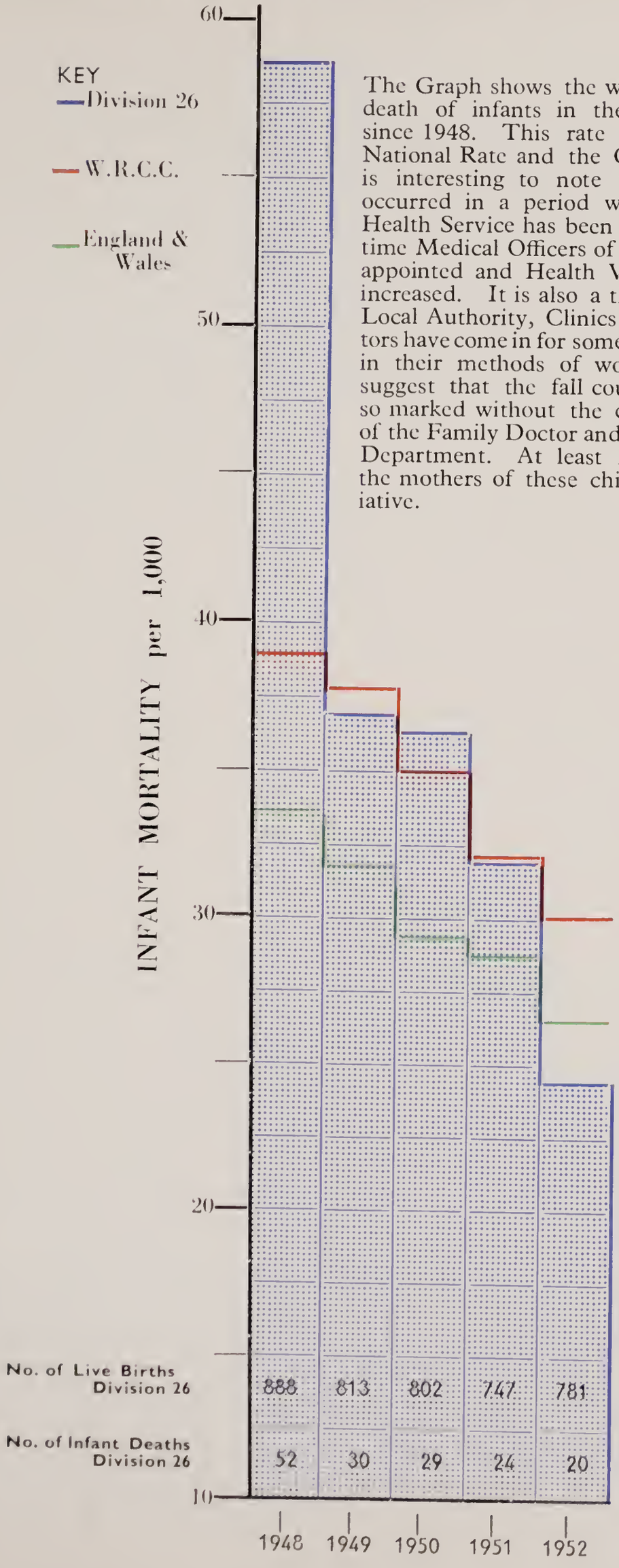
Comparative Table of Statistics for Urban and Rural Districts in the West Riding and England and Wales for 1952.

	Live Birth Rate.	Death Rate.	Infective and Parasitic Dis's. excluding T.B. Death Rate.	Respiratory Diseases Death Rate.	Heart and Circulatory Diseases.	Cancer.	Tuberculosis Death Rate.	Infant Mortality Rate.	Maternal Mortality.
Division 26 ..	17.45	10.21	0.11	1.41	3.84	1.59	0.07	24.33	Nil
U.D.'s in West Riding	15.3	12.1	0.07	1.21	4.66	2.02	0.20	30.1	0.88
R.D.'s in West Riding	15.8	9.8	0.06	1.01	3.53	1.66	0.18	29.8	0.57
Administrative County	15.4	11.5	0.07	1.15	4.35	1.92	0.19	30.0	0.80
England and Wales ..	15.3	11.3	*	*	*	1.99	0.24	27.6	0.72

* Figures not available.

Our vital statistics for the health division are an improvement on the previous year. There was no maternal death throughout the division and for the first time the infant mortality rate was lower than the national average; incidentally it was also lower than the average rate for West Riding Urban Districts and Rural Districts and the County Rate. This is a matter for some congratulation when one considers that it means that a child born in this industrial area of S. Yorks. has a better chance of surviving the first dangerous year of life than it would have in many other parts of the country more fortunately situated.

Infant Mortality Rates per 1,000, 1948 to 1952



The Graph shows the welcome fall in the death of infants in the Health Division since 1948. This rate is now below the National Rate and the County Rates. It is interesting to note that this fall has occurred in a period when the National Health Service has been implemented, full time Medical Officers of Health have been appointed and Health Visitors have been increased. It is also a time during which Local Authority, Clinics and Family Doctors have come in for some adverse criticism in their methods of work. In reply, I suggest that the fall could not have been so marked without the close co-operation of the Family Doctor and the Local Health Department. At least I am certain that the mothers of these children are appreciative.

Home Nursing Service, Division 26.

The staff consists of six full-time home nurses and three part-time home nurses. This service is available free of charge to all sick people, including children, who are being looked after at home. The Family Doctor should make the initial request for the attendance of the home nurse. A stock of equipment is maintained at Dunford House and if any item is not in stock it can be obtained with minimum delay from the county pool. The equipment is lent free of charge but remains the property of the county council; Dunlopillo mattresses, hair mattresses, air beds, Sorbo mattresses, folding wheel chairs, as well as such personal items as bed pans, urinals, air rings, bed rests, etc., are the types of equipment that are on issue. The Home Nurse has two major duties now, one being to look after the ever increasing number of aged sick and the other the injection of modern drugs such as penicillin and streptomycin. Without the assistance of the Home Nurse and Home Help many more of our aged sick would require admission to hospital.

In June the old Queen's Nurses Home in Vesey Street, Rawmarsh, ceased to exist as a nurse's home; it was meant to accommodate five nurses and a superintendent and at the time of its closure there was only one nurse in residence. Public health nurses and in fact nurses of all categories will no longer accept the regimentation and continuous discipline of institutional life and it had been impossible to get staff to reside in the home; in fact one nurse was dismissed because she refused to live there. The superintendent of the home, Miss Welton, the last of a number of extremely able and competent nurses who had acted in the capacity, obtained an appointment with the Regional Hospital Board and the County Council decided that owing to the high cost of maintaining the home it should be converted into two self-contained flats. This has been the County Council's policy throughout the West Riding, and Rawmarsh has proved no exception to the general trend. The majority of Midwives in my division and a large proportion of my Health Visitors and Home Nurses are now married women, and whilst it is desirable that they should live in the district where they are employed, this is only possible if they can get accommodation within the district; where accommodation of a non-institutional nature is offered with an appointment it is easy to fill the vacancy, but where no accommodation is offered the reverse is the case. The work of a nurse in South Yorkshire is exceedingly heavy and arduous compared to many other areas in the country, and for that reason, apart from the general shortage of nurses, we have difficulty in obtaining suitable recruits.

The close contact with the National Assistance Board, Hospitals and Family Doctors in the area has been maintained and this has a particular bearing on home nursing. I would also like to thank the trustees of the Swinton and District Nursing Association for their great assistance, financial and otherwise, to the aged sick of Swinton. The number of visits by Home Nurses during the year was 22,526 and 845 individual cases were assisted. Apart from the fact that I would like to see more of the Home Nurses resident in the area where they are employed, I am satisfied with the service and consider their work to be of great assistance to the citizens of the division.

Infant Welfare and Health Visiting Service.

Infant Welfare Centres.

Centre.	Doctor in Charge.	No. of individual children who attended during the year.	Total No. of attendances made by children in previous column during the year.	
			Under 1 yr. of age.	Over 1 yr. of age.
Wath	Dr. G. J. O'Keeffe	226	1725	407
West Melton ..	Dr. G. J. O'Keeffe	205	1679	616
Swinton ..	Dr. I. Campbell	429	2884	862
Kilnhurst ..	*	150	764	574
Rawmarsh ..	(*)	348	1560	897
Parkgate ..	Dr. M. R. Menzies	88	547	227
Totals ..		1446	9159	3583

* *Kilnhurst*: Dr. H. Adam .. 1st January to 20th February.
Dr. M. Burton .. 27th February to 5th November.
Dr. J. Core .. 12th November to 31st December.

(*) *Rawmarsh.* Dr. H. Adam .. 1st January to 19th February.
Dr. J. Core .. 26th February to 31st December.

No. of Home Visits made by Health Visitors within the Division during the Year :

	First Visits.	Total Visits.
Expectant Mothers	110	192
Children under 1 year	796	7667
Children between 1 and 5	218	10387
Other Cases	699	4174
Totals	1823	22420

The staff consists of 8 fully qualified Health Visitors and 1 Assistant Health Visitor. We have been very fortunate in maintaining the staff up to its full establishment. In every instance a Health Visitor is also employed as a School Nurse. One Assistant Health Visitor proceeded on a 9 months training course at Leeds University; this is the third Health Visitor we have recruited and trained in the past three years. It has been my policy as far as possible to relieve Health Visitors of all their clerical work so that their time will be devoted to duties for which their nursing qualifications is necessary. No food is sold by Health Visitors in my division with the exception of a small clinic at Parkgate; in all the other clinics the food is sold by clerical staff who go out from Dunford House and as the total value of the food sold in the year is £2,000 this obviously is no small item. The new centre, which was opened at Kilnhurst in the previous year, is now well established and has fulfilled a long felt want in that part of the Swinton district.

Some people, including some medical specialists, admittedly with no working knowledge of Public Health as a profession, have suggested that the need for Child Welfare Clinics is gone, now that every child has a right of access, without payment, to a family doctor: or, alternatively, that if child welfare clinics are to continue they do not require a doctor on the staff, as mothers can be advised by the Health Visitor. Both of these suppositions are entirely false, at least in so far as this

part of South Yorkshire is concerned; no treatment is carried out at the Infant Welfare Centres but the mother is advised on the correct feeding and adequate management of her child. This advice takes a long time to give, and furthermore the home has to be visited afterwards to see that the advice is being carried out; because, we all know how easy it is to give advice, but it does not follow that the advice will be acted upon afterwards. As long as there is a greater infant mortality rate amongst children of different social classes and amongst children of industrial areas as compared with urban and rural areas, so long will there be a continued need for Child Welfare Centres. The average Family Doctor in South Yorkshire is so busy trying to cope with ordinary sickness that he would have difficulty in finding time to devote to the instruction of a young mother on the healthy upbringing of her child.

The critics of the Child Welfare Centres are on much surer ground when they say that there should be closer contact between the Health Visitor and the Family Doctor. The Family Doctor can get as much assistance from the Health Visitor in dealing with sickly children, or children who are generally under par from the health point of view, as he can from the service of Midwives or Home Nurses, with whom he is probably more closely in contact because they actually treat cases, but there is nothing to prevent a Health Visitor assisting the Family Doctor with a case at the Family Doctor's instructions; but the instruction must come from the Family Doctor. I advise all my Health Visitors that there is little point in complaining to the Medical Officer of Health that such-and-such a baby is sickly; that information should be given verbally by the Health Visitor to the Family Doctor who is responsible for the treatment of the child. It will take time for this sort of co-operation to be established and many of our Family Doctors are using the services of the Health Visitor to a much greater extent than in the past. The closer the co-operation between the Family Doctor and the Health Visitor the greater will be the advantage to the patient and that surely should be the aim of any Health Service whether it is administered by the Local Health Authority, the Regional Hospital Board or Local Executive Council. This fact unfortunately is often overlooked.

There is one other point about Infant Welfare Centres: in the old days these Centres were regarded as places where babies were weighed; we have gone a long way from that now, and I am all against weekly weighing which is a waste of time; monthly weighing is all that is required if a baby is thriving. More frequent weighing is necessary where a baby is not making adequate progress. The main feature of all centres should be advice, on the widest scale, on the healthy care of children. There is plenty of room for improvement in child care although the standards are much higher than they were even a few years ago.

As a continuation of this health education we were able to give instruction in several of the Secondary Modern Schools on health education and mother craft. This could be a very fertile field but it will require equipment which we do not possess and which we are at present unable to obtain; however we are doing our utmost in the hope that we may obtain the necessary equipment and shall thus have a clear idea of how to go ahead.

Dr. Helen Adam, who was in charge of the centres at Rawmarsh and Kilnhurst, resigned her appointment as she was proceeding to New Zealand with her husband. Dr. Jessica Core was appointed at Rawmarsh in her place. Dr. Mary Burton was appointed at Kilnhurst. Dr. Burton later resigned to take up a full-time appointment in the West Riding and Dr. Core took over Kilnhurst clinic. Attendances at the centres remained satisfactory but it must be remembered that the mothers who come to the clinics are the mothers who will look after their children well, and the ones that medical officers get anxious about are those who do not bother to attend. Consequently we are carrying out more home visiting. In Rawmarsh the Health Visitors in addition to their ordinary work also complete quarterly reports on all those persons on the Tuberculosis register. These reports are forwarded to the Chest Physician, Dr. Morrison, so that he may have accurate information about the home conditions of each of his patients.

Maternity Services.

BIRTHS.

	Domiciliary.	Institutional.	Proportion of Domiciliary to Institutional.
Wath	196	63	3 : 1
Swinton	128	84	3 : 2
Rawmarsh	153	178	7 : 8

ANTE-NATAL CLINICS.

Clinic.	Doctor in Charge.	No. of women who attended.	No. of women who attended for blood exam. only.	Total No. of attendances made by women.
Wath	Dr. D. Chapman	98	54	685
Swinton ..	Dr. H. H. Smith	166	—	665
Rawmarsh ..	Dr. D. Pindar	49	102	267
Rawmarsh (Midwives, Barber's Av.)	Midwives only in attendance	230	—	842
Totals ..		543	156	2459

POST-NATAL CLINICS.

(Held jointly with Ante-Natal Clinics.)

Clinic.	Doctor in Charge.	Number of women who attended.	Total No. of attendances made by women.
Wath	Dr. D. Chapman	59	60
Swinton	Dr. H. H. Smith	55	61
Rawmarsh ..	Dr. D. Pindar	11	19
Totals ..		125	140

Maternity Services—Division 26.

There was no maternal death in the division for the year; this is the first time there has been a "nil" return since 1949, a most satisfactory result and it was achieved in the face of major difficulties in the service, particularly in the Rawmarsh district. These difficulties necessitated the opening of two sessions at the clinic which were attended by midwives only; these sessions were particularly well attended. The service offered is as complete as any service in the country, and covers blood examination for haemoglobin, kahn and rhesus factor, and blood transfusion grouping. That this service is valued by the general practitioners is proved by the number of women who attended for blood examination only.

As far as possible I have requested that all attendances be by appointment, as I can see no merit in a mother having to sit in an ante-natal clinic for hours before she is examined. If more than three mothers are waiting at any time there is something wrong with the clinic arrangements. Gross attendances were higher than in the previous year, particularly at Wath and Rawmarsh. The closest liaison is maintained with the Family Doctor in all cases, whether a mother intends to be confined at home or in hospital.

Our Midwives are repeatedly sent on refresher courses; one Midwife attended a course at Birmingham on the Care of Premature Infants; another attended a West Riding course at Grantley Hall on Relaxation in Childbirth and a third a refresher course at Chorley. Every midwife is trained in the use of gas and air, and a great majority in the use of Pethidine, a drug used for the relief of pain, which can be combined with gas and air.

The same number of mothers attended for post-natal examination as in the previous year. It is a great pity that we cannot get more mothers to attend for this post-natal examination. If they could only realise that their whole future health may depend on adequate treatment of abnormalities discovered soon after childbirth, a greater number would take advantage of this.

The proportion of home confinements continues to increase in Wath, where three mothers were confined at home for every one in an institution. In Swinton three were confined at home for every two in an institution, but in Rawmarsh only seven were confined at home for every eight in hospital. The proportion of domiciliary to institutional confinements is largely governed by adequacy or otherwise of the housing position. Where homes are overcrowded priority is given by the Medical Officer of Health for admission to hospital; priority is also given for first confinements; no priority whatsoever is given where home conditions are suitable, and where there are no obstetrical reasons for admission. This scheme, which was initiated by the Ministry of Health, works in a most satisfactory manner, but it is worth recording that there has been considerable strain on hospital admission for midwifery cases, and this is demonstrated by the fact that 74, that is 22%, of mothers were discharged from hospital before the 14th day and

were visited by the midwife at home. Thus in some cases the mothers who have been given priority for hospital confinement owing to unsuitable conditions, are being returned before the 14th day to their homes and the same unsuitable conditions, because the hospitals are overcrowded. However, as housing improves every year in the division so will there be a reduction in the excessive admission to hospital on social grounds—only another example of that well known fact that good housing reduces the need for our hospital beds.

PREMATURE BIRTHS.

District.	Born Alive.			Still-born.			No. Rem. to Hosp. after Birth.	No. who survived 28 days.		
	At Home	In Hosp.	Total.	Home	Hosp.	Total.		Born at Home.	Born in Hosp.	Total.
Wath ..	6	4	10	–	1	1	–	6	4	10
Swinton ..	5	7	12	3	–	3	–	5	6	11
Rawmarsh..	11	11	22	–	5	5	1	10	8	18
Totals ..	22	22	44	3	6	9	1	21	18	39

Premature Births.—Premature births are a potent cause of death in the neo-natal period, i.e. the first 28 days of life. For this reason special attention is given to the welfare of premature children who happen to be born at home and come under the care of the family doctor and midwife. The majority of our midwives have been instructed in the care of premature babies at the Sorrento Maternity Institution, Birmingham, and out of 22 premature infants born alive at home, only one died within the first 28 days of life; a most satisfactory result. Special cots are maintained at Dunford House for nursing such babies and these are delivered at any time of day or night by the Ambulance Service. They are completely equipped with oxygen apparatus, hot water bottles and bed linen.

Premature births are practically unknown in the higher income groups; the causes are varied, but amongst them are multiple pregnancy, too frequent pregnancy, ill health of the mother, lack of rest by the mother, particularly in the last three months of pregnancy, faulty feeding habits, and failure to obtain efficient ante-natal care. It will be seen that premature births are only preventable by greater education of the mothers-to-be in these matters.

With the increased survival rate of some very premature children another problem is coming to notice, and that is the fact that some of these children are born blind and remain blind for the rest of their life. The cause of this blindness is at present unknown, but many investigations are proceeding to try and discover the main cause. In order to ensure that premature babies born in the district have every chance of survival, I have issued instructions that every one is to remain under the supervision of the midwife until it has reached the weight of 5½ lbs. This is to prevent any break in the continuity of care.

Care of the Unmarried Mother and her Child.

Special care is devoted to this group, because an unmarried mother tends to avoid ante-natal care and making any provision for her confinement, until the very last moment. All such cases are treated with understanding, and where the mother is very young arrangements are made for her to be examined at home and attendance at the centres is not asked for. The assistance of statutory and voluntary organisations is used in dealing with the cases. Miss Spooner, Moral Welfare Worker for the Archdeaconry of Doncaster and Rotherham Moral Welfare Committee, has been of great assistance to us in this direction.

There were 21 live illegitimate births in the division last year and in 16 instances the mother has kept the baby, which is of course the best solution. One infant has been placed in the care of foster parents and in one instance the baby has become legitimate by the marriage of the parents.

Arrangements are made to advise the mother on institutional confinement where this is requested and advice can be given on affiliation orders and arrangements for adoption.

Domestic Help Service.

This service continues to expand, 254 cases being assisted in the course of the year as against 191 the year before and the amount of hours devoted shows an increase of almost 30%. In the course of the year the establishment was raised from 13 full-time to 14; we employ no full-time Home Helps and consequently we raised the part-time establishment to 34.

During the course of the year only two cases were refused assistance and the refusal was on the grounds that they had relatives at home who were well able to care for the home.

People sometimes ask for a 7-day service because an aged person is lonely. The Home Help Service is primarily meant for keeping the home tidy and preparing food; they undertake no nursing duties but they can carry out duties outside the home. They are not meant as sitters-in to talk to lonely old people. This should be the duty of voluntary organisations. No community can afford to pay for sitters-in at the rate that a Home Help is now paid. The service is an essential one and its value will increase year by year, but it requires careful supervision and all cases must be reviewed periodically and the time allocated revised if necessary. Our Home Helps are an exceedingly kind and efficient group and have in many instances rendered service far beyond what they are obliged to do. It has been the means of saving countless beds in chronic sick accommodation, and a glance at the figures will show that a service which was begun for the confinement of expectant mothers, is now being used mainly for the care of the aged sick and infirm.

There is still a certain amount of misunderstanding about the Home Help Service and infectious cases of Tuberculosis. No one can order a Home Help to look after a case of open Tuberculosis and where assistance is necessary in such households we rely on volunteers.

There is a charge for the service but in the majority of cases where aged people are concerned a "nil" assessment is made. I have been saddened on a few occasions in the course of the year by the refusal of working sons and daughters who are living in the home, to pay any contribution towards the cost of a Home Help, even where the parents may be grievously afflicted; in such cases Home Helps cannot be supplied because all wage earners in the household are assessed according to their earnings, as all will benefit by the services of the Home Help; happily such cases are rare.

Divisional Statistics for Domestic Help Service.

Establishment of Domestic Helps	14 Full-time.
No. of Domestic Helps employed	34 Part-time.

Cases provided with Domestic Help during the year ended 31st December, 1952:

	No. of cases.	Hours.
Illness (excluding aged):		
(*a*) Tuberculosis	2	153
(*b*) Others	43	7622
Confinements	90	7298
Expectant mothers	14	801
Aged:		
(*a*) Illness	100	15040
(*b*) Infirmity	1	250
Children of School Age	4	488
Totals	254	31652

MENTAL HEALTH SERVICE.

Mentally Defective Persons.

	Rawmarsh.	Swinton.	Wath.	Total.
(1) (*a*) Total No.	36	31	39	106
(*b*) No. ascertained during 1952	—	3	2	5
(2) (*a*) No. under Guardianship	2	1	2	5
(*b*) No. under Statutary Supervision	28	26	32	86
(*c*) No. under Voluntary Supervision or Observation	5	4	2	11
(*d*) No. on licence from Institutions	1	—	3	4

	Rawmarsh.	Swinton.	Wath.	Total.
(3) (*a*) No. awaiting Institution admission	6	3	2	11
(*b*) No. attending Group Training Classes ..	2	1	3	6
(*c*) No. receiving home training	—	—	2	2
(*d*) No. in remunerative employment	8	6	12	26

I am pleased to report that the services of a Mental Health Home Teacher were available for those mental defectives who are not bright enough for steady employment and yet are bright enough to attend for group training; this relieves the mother of the considerable strain of caring for the child, and some of the children have made progress in simple handicrafts. The higher grade mental defectives of whom 26 are in steady employment are supervised as occasion demands by our Mental Health Social Worker, Miss Ball. Miss Ball also visits with the Medical Officer of Health all cases under Guardianship. There is still considerable confusion in the lay mind as to the ascertainment of mental defectives. This is the responsibility of the Local Health Authority through the services of the School Health Service and if a child is fit to attend school, ascertainment is usually delayed until the age of 7 or 8, when it is certain that the child has had every chance of proving its capabilities. Extreme cases of course can be certified in early infancy. A very few cases may be able to attend ordinary school until they have reached the school leaving age but are then certified. This is done to ensure protection particularly where problems such as moral danger, etc., arise.

We have a small waiting list of cases who are hoping to be admitted to institutional care. The most urgent of these cases are the lowest grade idiots and imbeciles; these are often beyond any hope of improvement by any means of instruction or treatment known to medical science at present. They cause a grievous blight on the home life of the families that are forced to live with them because they cannot be at present admitted to institutional accommodation. The Sheffield Regional Hospital Board is responsible for admitting these cases to institutions; it is the responsibility of the Local Health Authority to assess their priority. When one considers that there is an urgent waiting list of 1,200 cases in the area of the Sheffield Regional Hospital Board the enormity of the problem can be realised. Until new accommodation is built it would appear that the best we can hope for are death vacancies. That this appalling lack of accommodation exists is probably due to the fact that to have an idiot or an imbecile in the family is looked on as a pretty big skeleton in the cupboard, and the parents don't insist on bringing their tragic plight to the notice of the authorities.

The decision was reached during the year to provide a large occupation centre in the area, possibly to be sited in Wath. This would be a day centre only and is planned to accommodate 100 cases, but this will not help cases who are waiting for institutional accommodation as most of these are so affected that they never leave their own homes.

CHILDREN LIKELY TO BE NEGLECTED OR ILL-TREATED IN THEIR OWN HOMES.

The Divisional Medical Officer is the appointed Co-ordinating Officer for the investigation of significant cases of Child Neglect or ill-treatment. Meetings are held at Dunford House attended by representatives from every Authority that has any contribution to make. The main value of these is the exchange of accurate information on the family concerned. Naturally, the local Inspector of the N.S.P.C.C., Inspector Coxon, is one of the members attending these meetings. Physical cruelty to children is comparatively rare in the division. I wish we could say the same thing about gross child neglect. This is often exceedingly difficult to discover and once discovered it is often exceedingly difficult to get evidence. We were successful in prosecuting one family where the father and mother were sentenced to three months imprisonment and the children taken into County care. In this case the family had three years previously had their home cleansed and furniture and bedding had been provided.

It is regrettable that parents of such children are put in prison—it has no effect on the welfare of the children nor does it improve the parents. Where physical cruelty is not involved the only hope of improvement is that the mothers should be sent, by sentence of the magistrate if necessary, to a Home with their children where they will undergo compulsory rehabilitation. Grossly neglected children usually have a great bond of affection for their parents because they are the only people who do not shun them or ostracise them. Children who by reason of lack of home care and training are continually dirty and who have never learned adequate toilet and feeding habits become outcasts at school, and this tends to make the bond of affection with one or both of the parents very secure. It is an easy administrative solution to have the care of the children transferred to the Local Health Authority and remove them from their parents, but in a great majority of instances I would say it would be better for the children, and much cheaper to the ratepayer, to re-educate the parents, particularly the mother. Where physical cruelty is a feature, or gross immorality, the break-up of the home is unfortunately the only solution.

We have many cases under constant review in the division, and I would like to thank each of the District Councils for the great assistance they have given in rehousing some of the cases where it is considered that the mother would improve her care of the family by this means. In one case we had a family of three children who were grossly neglected put in the care of the grandmother who was very fond of them but was not in a financial position to look after them adequately. With the able assistance of the Assistant Children's Officer and continued pressure from the Health Visitor, this family were assisted in material fashion by obtaining furniture, bedding and blankets. The home was thoroughly cleansed and the children were cleansed and have, since that date, been kept clean. We have had several successes of this nature, but the fact remains that the work would be much easier if we could have compulsory re-education of the mother.

CARE AND AFTER-CARE.

Admissions and discharges for all local hospitals are notified to the Medical Officer of Health by arrangement with the Regional Hospital Board. Where the hospital Medical Officer and Consultants require information about the possibility of home care or home nursing this can be supplied in every case. Depending on home circumstances and in consultation with the Family Doctor, the Home Help, Health Visitor, Home Nurse or Midwife may be instructed to visit the home when the case is discharged from hospital. This service is of greatest value in dealing with the aged sick, and inspections of such houses have revealed from time to time gross structural defects which are dealt with by a visit from the Sanitary Inspector. In other cases it is discovered that the aged patient has inadequate bedding and this is supplied in collaboration with the National Assistance Board. In another instance where the Ministry of Pensions has refused to grant a mechanically propelled invalid chair, this was obtained when the case was re-opened by the Divisional Medical Officer. Where patients are discharged from mental hospitals the Divisional Medical Officer is similarly notified. In this case no direct approach is made but a letter is sent to the patients informing them that if they have any problems or difficulties, a Mental Health Social Worker will be pleased to call and assist them if they apply to the divisional office. How futile it is to treat by great skill and expenditure of money, diseases in hospital and then return the patients home, without any advice or home supervision, to the conditions that produced their illness. We are now slowly trying to alter this. In the case of Tuberculosis the service is most highly developed as this disease is, of course, greatly affected by adverse conditions in the home. In many cases we find there is a great need for occupational therapy, particularly so in the case of chronic illness where the burden of lying at home year after year must have a most demoralising effect on the patient's mental outlook. A good occupational therapy service for the home is as necessary as any home help service and would give many of our chronic sick a completely new interest in life.

Details of Assistance afforded by the Health Department to Patients on Discharge from Hospital.

	No. of Cases.
Assisted by Midwife (discharged before the 14th day)	146
Assisted by Home Nurse	28
Assisted by Health Visitor	166
Background Reports provided for Hospital Staffs	394
Number of Patients referred to Medical Officer on discharge ..	348

Diphtheria Immunisation.

Diphtheria is becoming a rare disease. This is not due to any advance in treatment, which has altered but little in the period when Diphtheria has practically disappeared. It is mainly due to an effective policy of immunisation carried out by Public Health Departments and Family Doctors. The rarer Diphtheria becomes, the greater the need for immunisation; because resistance can be obtained only by contact with the disease or by artificial means, i.e. immunisation. The figures again show an increase for the age group 5 to 14. Swinton

DIPHTHERIA IMMUNISATION.

Urban District.	No. of Children Immunised in 1952.			No. of Children given booster doses during 1952.	No. of Children Immunised at any time up to 31/12/52.			Estimated Mid-Year Population.			Percentage.	
	Under 5 Yrs.	5—14 Yrs.	Total.		Under 5 Yrs.	5—14 Yrs.	Total.	Under 5 Yrs.	5—14 Yrs.	Total.	Under 5 Yrs.	5—14 Yrs.
Wath	197	91	288	681	671	1786	2457	1254	2187	3441	53.5	81.7
Swinton	209	77	286	361	619	1677	2296	1123	1795	2918	55.1	93.4
Rawmarsh	257	97	354	344	695	2448	3143	1633	2958	4591	42.6	82.8

leads with 93.4% immunised, Wath and Rawmarsh are next with 81 and 82% respectively. There are not sufficient children under the age of one being immunised and if an outbreak starts it will be the young children who will suffer most.

Number of Persons Vaccinated or Re-vaccinated during 1952.

Age at 31.12.52, i.e., born in years.	Under 1 1952.	1—4 1948/51.	5—14 1938/47.	15 or over before 1938.	Total.
No. vaccinated:					
Wath	1	—	—	—	1
Swinton	1	—	1	—	2
Rawmarsh ..	14	1	1	—	16
No. re-vaccinated:					
Wath	—	—	—	1	1
Swinton	—	—	—	2	2
Rawmarsh ..	—	—	—	2	2

Smallpox Vaccination.

Since the repeal of the vaccination acts there has been a dangerous decline in the number of children vaccinated in infancy. Smallpox is a preventable disease which kills with a mortality varying between 30 and 50%. Vaccination should be carried out at the third month, as at this period the complications are minimal. The severe reactions seen in young people in the services and in adults vaccinated for the first time are all avoidable by vaccination in infancy. It is most likely that we shall have yearly outbreaks of Smallpox in this country with the recent increase in air travel, and the fact that large numbers of people are constantly coming into the country from areas where the disease is endemic. For this reason infant vaccination remains the only sure safeguard against developing the disease. None of the modern drugs have any effect on the malady; in fact, in really severe outbreaks the early cases are often dead before the disease has been diagnosed.

Whooping Cough.

A start has been made with Whooping Cough Immunisation. The vaccine used is a saline suspension and contains no aluminium; it can be given by sub-cutaneous injection thereby reducing the risk of untoward reaction. Whooping Cough is now a major killing disease of infancy; it has attained this place since the virtual disappearance of Diphtheria and since the greater control of Gastro-Enteritis. Half the deaths from Whooping Cough occur in the first year of life, therefore it is essential that immunisation should be begun early and protection should be offered at the third month. If Whooping Cough does not kill a child it condemns many to severe crippling owing to its damaging effects on the lungs and bronchi. We do not immunise children after the 4th birthday has been reached because the value of the vaccine has been found to be greatest in young infants. The vaccine, even in its most developed form, does not give the same protection against the disease as is the case with Diphtheria immunisation. Immunisation is offered at all Infant Welfare Centres in the division and the vaccine is also issued to Family Doctors.

School Health Service.

There are approximately 7,934 school children in the health division. The health of these children is observed by the procedure of medical inspection on school entry, on transfer and on school leaving. In addition to this, special inspection and supervision is arranged for any child where departure from normal health is detected. Minor ailment clinics are not run throughout the division; apart from the treatment of some cases of impetigo and discharging ears, there is no need for minor ailment clinics where every child has access to a Family Doctor; and it is right and proper that the treatment of the children should be in the hands of the Family Doctor. It is the duty of the School Nurse to see, that where parents are not ensuring that their children have treatment, that this treatment is obtained for the children either by advising the parent or, if necessary, by a visit from the School Medical Officer or in extreme cases from the N.S.P.C.C. Inspector.

The system of supervision is greatly assisted by the fact that the Consultant Paediatrician for the area, Dr. C. C. Harvey, is also a part-time member of the W.R.C.C. staff. Children are frequently referred to Dr. Harvey both by family doctors and, with their consent, by the School Medical Officer and his assistant Dr. Menzies. In every case the Family Doctor is notified of the findings. The co-operation of the Paediatrician in this way with the Family Doctors and the School Authorities, has produced a service for the school children which in my experience has greatly improved the standard of care devoted to them. It is quite true to say that the service offered must rank as one of the finest in the country. School Medical Officers cannot discharge their duties towards the school children efficiently if they have not complete reports on the health of the children in their care. These reports are freely available from the Consultant and from all the Children's Hospitals in the area. The children affected naturally reap the benefit of this co-operation.

Dr. M. R. Menzies, my assistant, is engaged mainly with school medical work, including the selection of cases for suitable education and, a very responsible task, grading the various degrees of ineducable pupils. In the autumn of the year the part-time services of Dr. M. S. Scott were obtained to assist Dr. Menzies. There is only one aspect of the School Health Service with which I am dissatisfied and that is the exceedingly high rate of head infestation in some of our schools. Above 80% of the cases are repeated offenders; to have a child repeatedly infested with head lice is of course no reflection on the child, but it is a great reflection on the mother, who is obviously neglecting the child. With modern methods of treatment such as D.D.T. emulsion, D.D.T. powder and solutions of Gammexane there should be no excuse for any mother having her children repeatedly infested. It was hoped in the course of the year to have individual cards for each child so affected, but unfortunately these were not available, and the detailed survey will have to be left to the following year; but it might as well be put on record that no mother can expect any sympathy from the School Medical Officer if she repeatedly allows her children to become infested with head lice. There has been a stricter check this year on the cleanliness

of children attending school, both cleanliness of clothing and bodily cleanliness. Where children come repeatedly dirty to school the home is visited, in some cases by the Medical Officer, and teachers are advised not to accept dirty children in their schools but just to send them home with a polite note asking the parents to wash them. If the schools accept a low standard they are condoning neglect of one of the elementary laws of hygiene.

I am pleased to report that the waiting list for Ear, Nose and Throat clinics continues to be reduced and for young children the waiting period is round about four to six weeks. When it is remembered that a few years ago this was two years or more it will be seen that Mr. P. H. Beales, the E.N.T. Surgeon deserves congratulation for his co-operation.

A very close check is kept on all children who have chronic chest complaints and these are invariably skin tested to see whether they are possible cases of Tuberculosis or not. This skin testing involves no injections and the results are available from visual inspection within a week. The use of the skin test is of major value in detecting early cases of Tuberculosis.

Number of Inspections of Schoolchildren.

Entrants	1129
Last year in Primary School	193
School leavers	774
Total	2096
Number of Special Inspections	2551
Number of Re-inspections	1223
Total	3774
Grand total of inspections carried out	5870

In conjunction with the Service, clinics are established as follows:

(1) Ophthalmic Clinics are held at Dunford House and Barber's Avenue—Dr. F. Fischer.
(2) Orthopaedic Clinics are held at Barber's Avenue—Mr. H. L. McMullen.
(3) Ear, Nose and Throat Clinic, Montagu Hospital—Mr. P. H. Beales.
(4) Paediatric Clinic, Barber's Avenue—Dr. C. C. Harvey.
(5) Child Guidance Clinic, Barber's Avenue—Dr. M. MacTaggart.
(6) Speech Therapy Clinic, Rock House, Swinton—Miss M. Fish.
(7) Ultra Violet Light, Dunford House and Barber's Avenue. (In the winter months only.)

Child Guidance Clinic.

This clinic is of the greatest value in dealing with children who have problems of behaviour, and particularly in dealing with their parents, who more often than not are the cause of the defects of behaviour in the child. In some instances head teachers have been perturbed because cases are referred for treatment to the Child Guidance Clinic although their behaviour in school is normal. A child of course spends a pro-

portion of its life in school and in some cases school may be a haven of safety for a child whose home is quite the reverse. In such instances child guidance treatment is necessary because as School Medical Officers we are interested in a child's behaviour at all times, not only in school. Sometimes parents and teachers express dissatisfaction because a child has been attending the centre for a period but has not shown marked improvement; Child Guidance is not a medicine that can be taken three times a day; the majority of children exhibiting behaviour disorders are not solely to blame for their condition and therefore the treatment has to be directed towards other people as well, e.g. the parents; for these reasons alone quick results cannot be obtained. Another grievance is that the School Medical Officers do not disclose to teachers any details about the cases. Child Guidance is based on trust between the psychologist, the parents and the School Medical Officer and whilst we value most highly all the information that we readily obtain from the head teachers, I regret that it is not always in the interests of the child to disclose all the family shortcomings to more people than is absolutely necessary. In the cases where this information must be passed on to the head teacher for the child's welfare this is invariably done, but it cannot be made a general rule. I am satisfied that the Educational Psychologist has been of great assistance to many of the children referred to her. Her vast experience of intelligence testing also acts as a safeguard when we are dealing with doubtful cases of ascertainment under the Mental Deficiency Acts.

Infestation with Vermin.

Total number of examinations in schools by the School Nurse	30,432
Number of individual children found infected	705
Expressed as a percentage	2.3%

The above figures do not give a correct picture of the problem. The 705 children will possibly have been infected many times in the course of the year and if the rate is taken as a percentage of the total number of children of school age the infestation rate is 8.9%. The hard core of chronic infestation exists in a small number of unfortunate children and in a typical family all of them, the mother included, will be infested at various times during the year. Infestation lies in the home in such conditions. A smaller proportion, but equally disgraceful, is the older School girl who home perms her hair and then never washes it for months afterwards, by which time gross infestation has arisen. There is a small proportion of these in our three Secondary Modern schools. The time when infestation with head lice was considered to be a mark of distinction or virility has long since gone; repeated infestation can be summed up in two words, child neglect or self neglect according to the age of the school child. In both cases the responsibility lies squarely on the parents. Treatment is at hand and is free. Furthermore it is effective, as can be seen when we consider that in the last war British, native, and allied troops were kept completely free from this infestation by the very simple methods of elementary hygiene and the use of D.D.T. powder. How easy a mother's task can be in doing the same for her children in normal home conditions if she is not too idle to apply the treatment.

WATH-UPON-DEARNE URBAN DISTRICT COUNCIL

Annual Report of the Sanitary Inspector

for the Year 1952.

To the Chairman and Members of the
Wath-upon-Dearne Urban District Council.

Madam Chairman, Ladies and Gentlemen,

I have the honour to submit to you my report on the work carried out during the year ended 31st December, 1952.

SANITARY INSPECTION OF THE DISTRICT.

During the year the following inspections were made:

Nature of Inspection.	Number of Inspections made.
Houses for structural defects	376
Houses for overcrowding	13
Houses for vermin	105
Premises for nuisances	725
Smoke observations	2
Refuse collection	54
Refuse disposal	82
Dairies and Milk Shops	23
Ice Cream premises	18
Food shops	65
Street Vendors and Hawkers	6
Restaurants, Canteens and other food preparing premises	12
Bakehouses	4
Meat inspections	128
Factories	3
Hairdresser's premises	23
Common Lodging Houses	5
Rats and Mice Infestations	75
Visits for sampling	69
Tents, Vans and Sheds	11
Miscellaneous visits	143
Total	1942

Complaints Received.

368 complaints were received at my office during the year. The number received is increasing year by year and it is becoming more difficult to investigate them promptly. The complaints have been classified as follows:

Nature of Complaint.	Number of Complaints received.
Choked or leaking drains	119
General housing defects	80
Defective sinks	13
Defective eaves, gutters and rainwater pipes	6
Smoke nuisances	6
Defective dustbins	28
Defective sanitary conveniences	21
Defective yard and passage paving	5
Dirty premises	6
Vermin or other insect pests	18
Overcrowding	5
Nuisances from keeping animals	3
Rats or mice infestations	24
Accumulations of refuse	11
Miscellaneous	23
Total	368

Particulars of Notices served under Public Health Acts.

Number of written informal notices served requiring nuisances and defects to be remedied	173
Number complied with	132
Number of verbal intimations given	131
Number complied with	117
Number of statutory notices served	25
Number complied with by owner or occupier	16
Number of notices where work executed in default	7

The statutory notices served included notices under the powers contained in the Public Health Act, 1936, sections 39 (repair of drains), 45 (cleansing and repair of sanitary conveniences), 75 (renewal of dustbins) and 93 (abatement of nuisances). Statutory notices were also served under the provisions of sections 53 and 55 West Riding County Council (General Powers) Act, 1951, with respect to the cleansing of choked and the repair of defective drains.

Nature of Defects remedied under Public Health Acts.

Choked drains, gullies, etc., cleansed	108
Drains re-constructed and repaired	17
Watercloset fittings repaired or renewed	38
Watercloset structures repaired or renewed	15

Additional waterclosets provided	3
Sinks renewed	10
Sink waste pipes renewed	7
Washing boilers renewed	2
Dustbins renewed	10
Accumulations removed	9
Keeping of animal nuisances abated	4
Dirty and/or verminous premises cleansed	20
Water supply restored	3
Insect pest infestations cleared	5
Yards and passages paved	5
Roofs repaired	13
Chimney stacks repaired	3
Eaves gutters and fallpipes cleansed, repaired or renewed	9
Fractured walls repaired	8
Wall and ceiling plaster repaired	24
Windows repaired	17
Fireplaces and cooking ranges repaired or renewed	21
Stairs repaired	2
Floors repaired	5
Doors repaired	6
Skirting boards repaired	1
Miscellaneous defects remedied	8

HOUSING.

The repair of houses was not, generally speaking, maintained at a satisfactory level. There are many houses to which extensive repairs are necessary to put them into a reasonably fit condition. I feel that the repairs and maintenance carried out during the year was only a fraction of what should have been done. A list giving the addresses of 264 seriously sub-standard old houses was prepared and submitted to the Public Health Committee for consideration with a view to ultimate demolition or clearance. I feel that more attention should be given to repairs and maintenance, and in many cases to demolition.

Housing statistics for the year are as follows:

Number of dwelling houses in the district	4372
Number of back-to-back houses included in above	14

1. Inspection of dwelling houses during the year:

(1)	(*a*) Total number of dwelling houses inspected for housing defects (under Public Health or Housing Acts)	176
	(*b*) Number of inspections made for the purpose	361
(2)	(*a*) Number of dwelling houses (included under sub-head (1) above), which were inspected and recorded under the Housing Consolidation Regulations	21
	(*b*) Number of inspections made for the purpose	102

(3) Number of dwelling houses needing further action:

(*a*) Number considered to be in a state so dangerous or injurious to health as to be unfit for human habitation 17

(*b*) Number (excluding those in sub-head (3) (*a*) above), found not to be in all respects reasonably fit for human habitation 159

2. Remedy of defects during the year without service of formal notices:

Number of defective dwelling houses rendered fit in consequence of informal action by the Local Authority or their officers 94

3. Action under Statutory Powers during the year:

A. Proceedings under Sections 9, 10 and 16, Housing Act, 1936:

(1) Number of dwelling houses in respect of which notices were served requiring repairs 3

(2) Number of dwelling houses which were rendered fit after service of formal notices:

(*a*) By owners 2

(*b*) By Local Authority 1

B. Proceedings under Public Health Acts:

(1) Number of dwelling houses in respect of which notices were served requiring defects to be remedied .. 6

(2) Number of dwelling houses in which defects were remedied after service of formal notices:

(*a*) By owners 2

(*b*) By Local Authority in default of owners .. Nil

C. Proceedings under Sections 11 and 13 of the Housing Act, 1936:

(1) Number of representations, etc., made in respect of dwelling houses unfit for habitation 3

(2) Number of dwelling houses in respect of which Demolition orders were made 2

(3) Number of dwelling houses demolished in pursuance of Demolition Orders 5

D. Proceedings under Section 12 of the Housing Act, 1936:

(1) Number of separate tenements or underground rooms, in respect of which Closing Orders were made .. 1

(2) Number of separate tenements or underground rooms the Closing Orders in respect of which were determined, the tenement or rooms having been rendered fit .. .. Nil

4. Housing Act, 1936—Part IV—Overcrowding:

(*a*) (1)	Number of dwellings overcrowded at the end of year	21
(2)	Number of families dwelling therein	38
(3)	Number of persons dwelling therein	194
(*b*)	Number of new cases of overcrowding reported during the year	2
(*c*) (1)	Number of cases of overcrowding relieved during the year	17
(2)	Number of persons concerned in such cases ..	126

5. New Houses.

Number of new houses provided during the year:

By Local Authority:	Permanent type	80
	Temporary type	Nil
By Private Enterprise	.. ..	12

6. Housing Act, 1949.

Any action in connection with Section 20, "Grants to persons other than Local Authorities for improvements of housing accommodation" .. .. Nil

Sanitary Accommodation.

The following table shows the number of dwelling houses and other buildings in the five Wards of the District, and the sanitary accommodation provided thereat:

Ward.	Dwelling Houses.	Dwelling Houses with Shops (included in Col. 1)	Shops and Factories.	Miscellaneous Buildings.	Privies.	Water Closets.	Fixed Ashpits.		Dustbins.	Cesspools.	Slop Closets.	Chemical Closets.
							Wet.	Dry.				
Central ..	1491	46	48	40	8	2163	6	11	1538	4	—	7
East	719	33	12	10	19	833	8	1	723	5	—	5
Wharncliffe ..	787	25	25	15	—	932	—	1	858	1	—	—
Winterwell ..	643	42	26	14	2	736	1	2	674	1	1	—
Melton ..	732	27	23	17	—	808	—	4	745	1	—	—
Totals ..	4372	173	134	96	29	5472	15	19	4538	12	1	12

Tents, Vans and Sheds.

At the end of the year there were four caravans stationed in the District. They are considered to be unsatisfactory for use as permanent dwellings. Licences were granted for the use of three caravans for a further period of 12 months.

Cleansing of Dirty and Verminous Premises.

The practice of fumigating the furniture and household effects belonging to families leaving bug infested houses to reside in Council houses was continued during the year and was carried out on 7 occasions, the occupiers concerned paying a portion of the cost of the removal and fumigation.

Seven dwelling houses were treated for the destruction of bed-bugs, in 2 cases by or at the cost of the occupiers. Four old houses belonging to the Council were treated at the Council's cost and one privately owned house was treated at the cost of the owner. Six houses were dealt with for the destruction of cockroaches. Liquid or powder insecticides containing D.D.T. or gamma B.H.C. were used for this work.

Many of the older houses in the District appear to be infested with cockroaches and complete extermination of the insects seems difficult to achieve. The floors of the kitchens in these houses are often constructed of stone flags which are damp, broken and worn, and linoleum laid on the floors quickly becomes decayed and broken. These conditions do not encourage thorough cleansing of floors, an essential part which the occupier of the premises should play in helping to eradicate the pests.

Control of Insect Pests.

Assistance was given to occupiers of dwelling houses to remedy infestations of wood beetles, ants, and red mite (Bryobia). The use of powder insecticides on accumulations of manure and refuse was encouraged so as to reduce the breeding of house flies. It is apparent that a much more efficient, regular and frequent service for the removal of refuse, including the removal of waste animal matter—meat, fish bones, etc.—is required, particularly during the Summer months, to reduce the number of house flies and blow flies.

Rodent Destruction.

32 manholes on the foul sewers were test baited in May to ascertain the degree of rat infestation. The test indicated that the sewers were free from rats.

The treatment of premises found to be infested with rats and mice is carried out by one of the Council's employees who is engaged part-time on this work. The methods used are those advocated by the Infestation Control Division of the Ministry of Agriculture and Fisheries. At dwelling house premises the work is done without charge to the occupier, at business premises the cost of the treatment is charged to the owner or occupier. The majority of the infestations at dwelling house property occur in the outbuildings and arise mainly from the keeping of poultry and other domestic animals; some were encouraged by the housewives' practice of throwing out waste bread into the yard or garden to feed the birds. The following table records the work carried out during the year:

Type of Property.	No. of Properties Inspected.	No. infested with Rats.	No. infested with Mice.	No. of infested Properties treated by Local Authority.
Local Authority, Depots, etc. ..	8	8	—	8
Dwelling Houses ..	36	9	7	16
Business Premises ..	13	1	3	3
Agricultural Premises	—	—	—	—
Totals	57	18	10	27

Atmospheric Pollution.

Little progress is apparent in reducing the smoke pollution from domestic premises. There is a gradual but definite change to the use of smokeless fuels like gas and electricity in cooking, domestic washing and water heating, even in houses where cheap "home coal" is available. It appears however that coal fires will continue to be in general use for space heating in houses until smokeless fuels can be used at a cost which does not greatly exceed the cost of using coal.

There is still a considerable amount of industrial smoke and air pollution from colliery and factory chimneys, coke-oven plant and railway engines. A hand-fired boiler at one factory was converted to mechanical stoking during the year with a view to reducing black smoke emission from the factory chimney. The installation of electric winding engines at the collieries in the District had not been completed at the end of the year, and the coal fired boiler plants which send out considerable quantities of black smoke were still in use.

There are two burning colliery spoil heaps in the District. Water sprays are in use at these tips with a view to reducing the nuisance, but unless more effective steps are taken the burning tips will be with us for many years.

Inspection of Factories.

Premises.	Number on Register.	Number of:		
		Inspections.	Written Notices.	Defects Remedied.
(1) Factories in which sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities ..	8	Nil	Nil	Nil
(2) Factories not included in (1) in which Section 7 is enforced by the Local Authority ..	36	2	1	Nil
(3) Other premises in which Section 7 is enforced by the Local Authority	8	1	1	Nil

Hairdressers' and Barbers' Premises.

In connection with the operation of section 120 of the West Riding County Council (General Powers) Act, 1951, inspections were made of the premises used for business purposes by hairdressers and barbers. General requirements with which these premises should comply were prepared, and considered and approved by the Council. It was found that many of the premises did not comply with a reasonable hygienic standard and in these cases the occupiers were notified of the improvements required.

Public Swimming Bath.

Suitable plant for the continuous filtration and chlorination of bath water is installed at the public swimming baths. The reports received from the Public Health Laboratory indicate that a satisfactory standard of purity is maintained.

Six samples of water from the swimming bath were submitted for bacteriological and chemical examination and the results are given below:

Sample No.	Probable Number of Coliform bacille, MacConkey 2 days 37°	Probable Number of Faecal Coli.	p.H. Value.	Free Chlorine in 1,000,000 parts of Water.
1	0 per 100 ml.	0 per 100 ml.	7.7	0.8
2	0 per 100 ml.	0 per 100 ml.	7.7	0.8
3	0 per 100 ml.	0 per 100 ml.	8.4	0.4
4	2 per 100 ml.	0 per 100 ml.	8.4	0.4
5	0 per 100 ml.	0 per 100 ml.	7.4	0.3
6	0 per 100 ml.	0 per 100 ml.	7.6	0.3

INSPECTION OF FOOD AND FOOD PREMISES.

Milk and Dairies.

Most of the milk sold by retail in this District was delivered to the consumer in bottles and sold under one of the special designations "Pasteurised," "Sterilised," "Tuberculin Tested" or "Accredited." It is estimated that only about 4% of the milk produced at the 10 farms in the District was ungraded milk sold from churn and hand-can.

Certain unsatisfactory features in connection with the sale of bottled milk continued during the year, i.e. the practice of milk roundsmen and distributors leaving crates of bottled milk, milk crates and empty milk bottles in backyards, gardens, spare land and on the highway. The Council continued to bring pressure to bear on the Distributors concerned to remedy this state of affairs and it appears that an improvement is gradually being effected.

The Council made observations to the Minister of Food upon the intention to include the Urban District within a "specified area" thus requiring all milk sold within the District to be designated milk. Whilst generally welcoming the proposals as a step towards a safer milk supply

some aspects of the matter were not considered entirely satisfactory and no doubt some further action will be required to overcome the difficulties which will arise when the Order comes into operation.

The number of shops selling "sterilised" milk in sealed bottles increased during the year and at the end of the year this grade of milk was on sale at 15 shops. Six milk "distributors" were delivering milk from door-to-door, and in addition about 10 dairy farmers retailed milk from their dairy farm premises.

The number of licences granted to sell designated milk were as follows:

Grade of Milk.	Type of Licence.	Number of Licences Granted.
Sterilised	Supplementary	1
Pasteurised	Supplementary	3
Tuberculin tested	Supplementary	2
Sterilised	Dealer's	16
Pasteurised	Dealer's	7
Tuberculin tested	Dealer's	5

Bacteriological Examination of Milk.

Twenty samples of milk were purchased and submitted to the Public Health Laboratory for examination and the results are tabulated below :

Sample No.	Date of Sampling.	Grade of Milk.	Methylene Blue Test Decolourisation Period.	Phosphatase Test. L.B.U. Reading.
430	16/1/52	Tuberculin Tested (Cert.)	N	—
431	16/1/52	Pasteurised	N	1.7
432	16/1/52	Tuberculin Tested (Cert.)	N	—
433	16/1/52	Sterilised	(Turbidity test—Good. Report satisfactory)	
434	16/1/52	Tuberculin Tested (Past.)	N	1.5
435	16/1/52	Accredited (farm bottled)	N	—
444	14/5/52	Pasteurised	N	1.6
445	14/5/52	Pasteurised	N	1.6
446	14/5/52	Tuberculin Tested	N	—
447	14/5/52	Tuberculin Tested	N	—
448	14/5/52	Ungraded (heat treated)	N	—
449	14/5/52	Ungraded	N	—
450	14/5/52	Sterilised	(Turbidity test—Good. Report satisfactory)	
454	17/6/52	Pasteurised	N	1.7
455	29/9/52	Tuberculin Tested (Past.)	N	1.7
456	29/9/52	Pasteurised	N	1.8
457	29/9/52	Pasteurised	N	1.7
458	29/9/52	Tuberculin Tested (Cert.)	N	—
459	29/9/52	Ungraded	N	—
460	29/9/52	Sterilised	Turbidity test—Good. Report satisfactory)	

N indicated that the sample was NOT decolourised within the time specified by the Regulations, and the milk thus satisfied the Methylene Blue Test.

Biological Examination of Milk.

19 samples of milk were taken at the dairy farms in the District for examination for the presence of Tubercle bacilli. The reports received from the Public Health Laboratory were to the effect that in the case of 18 samples, no evidence of tuberculosis could be found. A positive result was obtained from one sample and steps were then taken to ensure that the milk from the farm concerned was sent for pasteurisation.

Inspection of Meat and Other Foods.

The meat supply for the District was brought from Sheffield Abattoir and delivered by road transport to the butchers' shops. Little difficulty was experienced with the meat supply from the meat inspection point of view, but the present arrangements whereby meat deposited at the local meat depot and considered by me to be unfit for human consumption has to be returned to Sheffield Abattoir for disposal, are not considered satisfactory.

Inspection of Cottagers' Pigs.

Number of pigs slaughtered according to notifications received	130
Number of pigs inspected	126
Number of carcases in which some part was condemned for disease other than Tuberculosis	1
Number of carcases in which some part was condemned for Tuberculosis	3
Total weight of fresh killed meat condemned	96 lbs.

The following foodstuffs were condemned at foodshops:

Articles of Food.	No. of Cans, Jars or Packets.	Weight (lbs.)
Canned Meat	68	122
Canned Fish	65	29
Canned Milk	12	9
Preserves	24	30
Vegetables	264	310
Fruits	353	424
Sauce and Pickles	5	3
Fruit Drinks	3	4
Xmas Puddings	50	51
Candied Peel	—	11
Tapioca	—	2
Flour	—	228
Skim Milk Powder	—	56
Dried Fruits	—	83
Coconut	—	17
Bacon	—	12
Pork Sausages	—	24
Chickens (6 No.)	—	28
Fish	—	148
Miscellaneous	—	14
Totals	844	1605 lbs.

In each instance the unsound food was surrendered by the owner, and was collected and destroyed by the local authority.

Inspection of Premises used for the Sale of Food.

Most of the visits made to foodshops were concerned with the condemnation of unsound foods. Very few routine inspections were made with respect to cleanliness of food shops or for securing sanitary and cleanly conditions in connection with the handling, wrapping and delivery of food as the necessary staff to do this work is not available. A few visits for inspection purposes have been made to the canteens in the District, and any complaints with respect to these premises have been investigated immediately.

Ice Cream Premises.

At the end of the year there were 24 premises registered for the sale of ice cream, all being food shops selling pre-packed ice cream from continuous freezing cabinets installed in the shop. There are no premises in the District registered for the manufacture of ice cream.

Ice cream vehicles were inspected on occasions. In spite of the improvements made to these vehicles in recent years, they compare unfavourably from the hygienic point of view with the conditions under which pre-packed ice cream is sold from food shops.

19 samples of ice-cream and one unwrapped ice lollie were purchased and submitted to the Public Health Laboratory for bacteriological examination and the results are tabulated below:

Sample No.	Shop or Vehicle.	Date Purchased.	Result of Methylene Blue Test. Decolourisation.	Provisional Grade.	Remarks. Type of Pack.
36	Shop	23/4/52	Not in 4½ hours	1	Unopened tub
37	Shop	23/4/52	Not in 4½ hours	1	Unopened tub
38	Shop	23/4/52	Not in 4½ hours	1	Wrapped block
39	Shop	23/4/52	In 2½ hours	2	Wrapped block
40	Shop	23/4/52	Not in 4½ hours	1	Wrapped block
41	Vehicle	27/5/52	Not in 4½ hours	1	Loose ice cream
42	Shop	27/5/52	Not in 4½ hours	1	Wrapped block
43	Shop	27/5/52	Not in 4½ hours	1	Wrapped block
44	Shop	27/5/52	Not in 4½ hours	1	Wrapped block
45	Shop	16/7/52	Not in 4½ hours	1	Unopened tub
46	Shop	16/7/52	(No coliforms detected in 3/31 mls. amounts)		Ice lollie
47	Canteen	26/8/52	Not in 4 hours	1	Wrapped block
48	Shop	26/8/52	Not in 4 hours	1	Unopened tub
49	Theatre	26/8/52	Not in 4 hours	1	Unopened tub
50	Vehicle	26/8/52	Not in 4 hours	1	Loose ice cream
51	Shop	27/11/52	In 2½ hours	2	Unopened tub
52	Shop	27/11/52	Not in 4½ hours	1	Unopened tub
53	Shop	27/11/52	Not in 4½ hours	1	Unopened tub
54	Shop	27/11/52	In 4 hours	2	Unopened tub
55	Shop	27/11/52	Not in 4½ hours	1	Unopened tub

Slaughter of Animals Act, 1933.

Nine persons residing in the District held licences which had been granted by the Council to slaughter animals in slaughter houses. I believe that without exception all the cottagers' pigs slaughtered in the

District were slaughtered by a licensed slaughterman, and that humane methods of slaughter by the use of a mechanically operated instrument were used in every instance.

PUBLIC CLEANSING.

On reflection, some changes in connection with the Cleansing Service can be noted. The considerable increase in the number of new houses on the Council's housing estates calls for a different type of refuse collection vehicle from that which is favoured for use in back yards and narrow streets. With this in view the Council decided to purchase a much larger type of vehicle with a capacity of 16/18 cubic yards.

The character of the refuse has altered from that of the war years. Refuse now contains considerable quantities of waste paper, cardboard boxes, etc., bulky refuse which, because of the space it occupies in the vehicles, slows down collections and increases costs of refuse collection per premises. This increased waste paper content also gives rise to difficulties in its disposal at the tip. The exhortation to "Burn your refuse and save your rates" might again become popular, and could be encouraged were it not for the increased atmospheric pollution which would result from this practice.

Although a weekly collection of refuse is the standard adopted by the Council, it was not possible to maintain this throughout the year. The District is divided into two areas for refuse collection purposes and each dustbin was emptied 48 times during the year in one area, and 49 times in the other area. Public holidays and the absence of the employees due to sickness were the main reasons for the failure to maintain regular weekly collections.

The Council continued to place the responsibility for the provision and maintenance of dustbins upon the owners or occupiers of the premises concerned and where necessary statutory notices in accordance with the provisions of sections 75 Public Health Act, 1936, and 69 of the West Riding County Council (General Powers) Act, 1951, were served requiring this to be done. Appeals by the owners against notices which required the provision of a dustbin at each of five dwelling houses were dismissed by the Magistrates.

All the refuse collected is (except for the waste materials like paper, cardboard, metals, etc., which are recovered and sold for use in industry) disposed of by tipping at the Wet Moor Lane refuse tip. The top-soil was removed from one portion of the tip field of about 3.2 acres in extent and was deposited so as to cover a completed portion of the tip of a similar area. The removal of the top soil was carried out by a contractor using tractor and scraper equipment.

This work considerably increases the cost of refuse disposal but is considered to be essential so as to ensure that agricultural land which has been used as a refuse tip is not left as permanent waste but can be put to some useful purpose.

No particular difficulties were encountered with respect to the disposal of refuse and no complaints of nuisance at the tip were received. At the first sign of infestation by rats, poison treatment was carried out so as to maintain the tip free from these vermin.

The salvage of some waste materials continued during the year. In addition to the financial yield arising from the sale of these waste materials it is an advantage from the point of view of controlling the refuse tip, to exclude as much of the waste paper, cardboard, rags, etc., as possible.

Trade refuse consisting of waste paper and cardboard was collected once per week from shop premises. Putrescible refuse was collected from 6 premises (canteens and fishmongers' shops) once or twice per week on payment of trade refuse charges.

The following statements with respect to the work done in collection and disposal of refuse, sale of salvage and expenditure incurred, refer to the year ended the 31st March, 1953.

Refuse Collection.

Type of Receptacles emptied.	Number Emptied.	Number of Loads of Refuse.
Dustbins	214,688	2,671
Dry Ashpits	188	22
Privy Ashpits	55	4
Trade Refuse Bins	1,312	16
Waste Paper and Cardboard	—	152
Total number of loads collected		2,865

Refuse Disposal.

House and trade refuse delivered at tip	2713	loads
Refuse delivered at tip by private owners	62	,,
Refuse delivered at tip by Engineer and Surveyor's Dept.	1461	,,
Salvage from shops delivered to Skin Yard Depot	152	,,
Total number of loads disposed of	4,388	

Sale of Salvage.

Materials Sold.	WEIGHT.			
	Tons.	Cwts.	Qrs.	Lbs.
Waste Paper	98	14	2	22
Textiles	4	18	2	8
Bones	—	3	—	14
Non-ferrous Metals	—	10	1	4
Ferrous Metals	21	14	1	4
Bottles	1	19	2	22
Total	128	0	2	18

Expenditure and Income.

Details of expenditure and income are as follows:

	£	s.	d.	£	s.	d.
Expenditure.						
Refuse collection	5,223	0	8			
Refuse disposal	1,597	3	5	6,820	4	1
Income.						
Sale of salvage	1,352	15	3			
Trade refuse and tip charges ..	22	11	0			
Rents	5	1	8	1,380	7	11
Net cost of refuse collection and disposal ..				£5,439	16	2

The net cost of collection and disposal of refuse per 1,000 houses during the year ending 31st March, 1953, was £1,244 4s. 9d. compared with £653 11s. 7d. for the year ending 31st March, 1939.

In concluding this report I wish to thank the Chairman and Members of the Council for all the support they have given to me in carrying out the work of the Department, the Medical Officer of Health for the interest he has shown and the encouragement he has given, and all the Officers of the Council for the assistance which I have from time to time during the year received from them.

I am, Ladies and Gentlemen,

Your Obedient Servant,

W. W. WILKINSON,

Sanitary Inspector.